

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
COMMITTEE TO ELECT PATRICIA SYKES	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1002 FAIRLEY STREET SOUTHPORT, NC 28461	01/03/2016
	e. Phone Number
	(910) 457-6898

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	07/01/2015	12/31/2015	PATRICIA SYKES

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
1			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
CRESCOM BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	SYKES3		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Patricia L. Sykes
Printed Name of Signer

Patricia L. Sykes
Signature of Appointed Treasurer

01/03/2016
Date

FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES		2015 Year End Semi-Annual			
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,199.95		\$ 1,562.69	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,810.00		\$ 1,810.00	
6) Contributions from Individuals (CRO-1210)		\$ 9,600.00		\$ 11,082.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 25.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 11,410.00		\$ 12,917.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5,910.29		\$ 6,780.03	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 75.00		\$ 75.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,985.29		\$ 6,855.03	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,624.66		\$ 7,624.66	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals

Page 1 of 3

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		10/29/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/02/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/12/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/01/2015	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		10/31/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/17/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/04/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/10/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/10/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/30/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/14/2015	\$ 50.00	
4. Total only this Page					\$ 950.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 1,810.00	

Aggregated Contributions from Individuals

Page 2 of 3

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/17/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		10/26/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		12/07/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/09/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/18/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/18/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/21/2015	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/03/2015	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/15/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/02/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/21/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/21/2015	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/06/2015	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		12/09/2015	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Check		11/02/2015	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SYKES3	Cash		11/29/2015	\$ 25.00	
4. Total only this Page					\$ 775.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 1,810.00	

Aggregated Contributions from IndividualsPage 3 of 3

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	SYKES3	Cash		11/21/2015	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	SYKES3	Check		11/13/2015	\$ 45.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	SYKES3	Cash		11/21/2015	\$ 20.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 85.00	
5. Total of ALL CRO-1205 Pages					\$ 1,810.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KIMBERLY ADAMS 6013 ROBERT RUARK DRIVE SOUTHPORT, NC 28461 (910) 457-6864			NEWS REPORTER			
			c. Employer's Name/Specific Field			
			STATE PORT PILOT			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/18/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT BALL 4604 BLUFF DRIVE SHALLOTTE, NC 28470 (910) 754-2729			RETIRED -			
			c. Employer's Name/Specific Field			
			UNKNOWN			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/27/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS BRENDLE 74 N SHORE DRIVE SOUTHPORT, NC 28461			PILOT			
			c. Employer's Name/Specific Field			
			CAPE FEAR PILOTS			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/14/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Pg 2 of 19

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALLEN BRITTAIN 5010 ROBERT RUARK DRIVE SOUTHPORT, NC 28461			SECURITY			
			c. Employer's Name/Specific Field			
			DUKE ENERGY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/16/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BARBARA BRONNECK 6620 CASTLEBROOK WAY SW OCEAN ISLE BEACH, NC 28469			RETIRED			
			c. Employer's Name/Specific Field			
			ADM ASSIST			
					e. Election Sum to Date	
					\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/16/2015	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN CAMPBELL 4007 ROBERT RUARK DRIVE SOUTHPORT, NC 28461 (910) 457-9732			RETIRED			
			c. Employer's Name/Specific Field			
			PROGRESS ENGERY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/09/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 330.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID CANADY 7003 ROBERT RUARK DRIVE SOUTHPORT, NC 28461			RETIRED			
			c. Employer's Name/Specific Field			
			N C DEPARTMENT OF TRANSPORTATION			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	SYKES3	Check		10/24/2014	\$ 50.00	
<input type="checkbox"/>	SYKES3	Check		11/03/2015	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROGER CASH 1405 W. YACHT DRIVE OAK ISLAND, NC 28465 (910) 201-1194			RETIRED			
			c. Employer's Name/Specific Field			
			PHARMACIST			
					e. Election Sum to Date	
					\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/30/2015	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
COLLEEN COMBS 5231 SHIPMAST WAY SOUTHPORT, NC 28461			RETIRED			
			c. Employer's Name/Specific Field			
			IT			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		07/31/2015	\$ 250.00	
<input type="checkbox"/>	SYKES3	Check		10/08/2015	\$ 250.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 680.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CYNTHIA DISHMAN 614 A WEST BROWN STREET SOUTHPORT, NC 28461			TEACHER			
			c. Employer's Name/Specific Field			
			BRUNSWICK COUNTY SCHOOLS		e. Election Sum to Date	
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/01/2015	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOY EASLEY 3485 AIRPORT ROAD SE SOUTHPORT, NC 28461			LAWYER			
			c. Employer's Name/Specific Field			
			WATTS & EASLEY PLLC		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/11/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIC EDGERTON 459 OCEAN RIDGE PARKWAY OCEAN ISLE BEACH, NC 28469 (910) 575-5317			RETIRED			
			c. Employer's Name/Specific Field			
			MANAGER		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/12/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRICIA EVANS 8300 RIVER ROAD SOUTHPORT, NC 28461				BOOKKEEPER			
				c. Employer's Name/Specific Field			
				SOUTHPORT ELECTRIC			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/21/2015		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RODNEY FULLWOOD 528 CEDAR GROVE ROAD SUPPLY, NC 28462 (910) 279-7450				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				FULLWOOD'S CONCRETE			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/20/2015		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DINAH GORE 435 SHORELINE DRIVE W SUNSET BEACH, NC 28468				TRUSTEE OF FOUNDATION OF BC COMMUNITY CO			
				c. Employer's Name/Specific Field			
				BRUNSWICK COMMUNITY COLLEGE			
						e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/30/2015		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDWARD GUTKNECHT 753 HIGHGATE PLACE OCEAN ISLE BEACH, NC 28469			RETIRED - VOLUNTEER			
			c. Employer's Name/Specific Field			
			BRUNSWICK CO SHERIFF'S OFFICE			
					e. Election Sum to Date	
					\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/02/2015	\$ 65.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NANCY HOLDEN 63 SOUTHPORT SUPPLY ROAD SUPPLY, NC 28462			RETIRED			
			c. Employer's Name/Specific Field			
			UNK			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/06/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT HOWARD 114 N ATLANTIC AVENUE PO BOX 11102 SOUTHPORT, NC 28461			MAYOR			
			c. Employer's Name/Specific Field			
			CITY OF SOUTHPORT			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/13/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 415.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PATRICIA HUGHES 143 OCEAN GREENS LANE CASWELL BEACH, NC 28465 (910) 278-5450				RETIRED		
				c. Employer's Name/Specific Field ADM ASSIST		
				e. Election Sum to Date		
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/28/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
VAN JOHNSON HWY 17 NORTH SUPPLY, NC 284 (910) 754-3199				SELF EMPLOYED		
				c. Employer's Name/Specific Field JOHNSON MOBILE HOME SERVICES		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Cash		12/08/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		12/09/2015	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
FRANK KELLY 4002-1 NORSEMAN LOOP SOUTHPORT, NC 28461				RETIRED		
				c. Employer's Name/Specific Field LAW ENFORCEMENT		
				e. Election Sum to Date		
				\$ 130.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/21/2015	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 430.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOAN KINNEY 793 S SHORE DRIVE SOUTHPORT, NC 28461			RETIRED MAYOR			
			c. Employer's Name/Specific Field			
			CITY OF BOILING SPRING LAKES			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		12/07/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONNIE KOPP 414 HAMILTON DRIVE SE BOLIVIA, NC 28422			RETIRED			
			c. Employer's Name/Specific Field			
			KOPPS STORE			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/30/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANNY LEONARD P O BOX 775 OAK ISLAND, NC 28465 (910) 278-5839			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			CRANE SERVICE			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		12/05/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LOUIE LEWIS 237 OCEAN HWY EAST SUPPLY, NC 28462			SALES			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/21/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNA LEWIS 832 HOWE STREET SOUTHPORT, NC 28461 (910) 457-0444			RESTAURANT OWNER			
			c. Employer's Name/Specific Field			
			LOCALS FAMILY DINING			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	In-Kind	SLAW FOR BBQ	11/21/2015	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SUSAN LONG P O BOX 1601 CAROLINA BEACH, NC 28428			RETIRE			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED CONSTRUCTION			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/21/2015	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 575.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DEBORA A MANN 4014 ROBERT RUARK DR SOUTHPORT, NC 28461				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	SYKES3	Check		10/28/2014		\$ 50.00	
<input type="checkbox"/>	SYKES3	Check		10/29/2015		\$ 100.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD MARSHALL 20 QUAIL HOLLOW DRIVE OAK ISLAND, NC 28465				REAL ESTATE			
				c. Employer's Name/Specific Field			
				OAK ISLAND ACCOMMODATION			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/30/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HONEY MARTIN 1647 SOUTHPORT SUPPLY RD SE BOLIVIA, NC 28422 (910) 253-5193				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				ACN			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Cash		11/18/2015		\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JIM MARTIN 1647 SOUTHPORT SUPPLY RD SE BOLIVIA, NC 28422 (910) 253-5193			INDEPENDENT BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			ACNDIRECT			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		08/14/2015	\$ 200.00	
<input type="checkbox"/>	SYKES3	Cash		11/18/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MATTHEWS 415 TROTT STREET OAK ISLAND, NC 28465 (910) 278-3760			RETIRED			
			c. Employer's Name/Specific Field			
			ENGINEER			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/03/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LINDA MAY 3204 MARSH GROVE LANE SOUTHPORT, NC 28461 (910) 457-5511			STEAMSTRESS			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/05/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KENNETH MAYNOR 802 INDIGO VILLAGE CT SOUTHPORT, NC 28461				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		12/05/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL MONSEN P O BOX 7115 OCEAN ISLE BEACH, NC 28469				UNK			
				c. Employer's Name/Specific Field			
				UNK			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/06/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHAWNNA MUNNA 2547 GATOR LANE SW SUPPLY, NC 28462				ADVERTISEMENT			
				c. Employer's Name/Specific Field			
				THE SIGN SHOPPE			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/18/2015		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL NORTON UNK SHALLOTTE, NC			ENGINEER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Cash		11/17/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/18/2015	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM OWENS 5006 ROBERT RUARK DRIVE SOUTHPORT, NC 28461 (910) 457-9488			RETIRED			
			c. Employer's Name/Specific Field			
			RAILROAD			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/03/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN PALMER 5008 JETTY CT SOUTHPORT, NC 28461			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/04/2015	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 330.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DEWEY PROCTOR 6004 ROBERT RUARK DRIVE SOUTHPORT, NC 28461 (910) 457-5437				RETIRED			
				c. Employer's Name/Specific Field			
				MANAGER			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		12/04/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
VIRGINIA QUAGLIA 6609 SPENCER PLACE OCEAN ISLE BEACH, NC 28469				RETIRED			
				c. Employer's Name/Specific Field			
				MANAGER			
						e. Election Sum to Date	
						\$ 280.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/29/2015		\$ 280.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RAYMOND REAL 380 ARGONNE ROAD SOUTHPORT, NC 28461 (910) 845-2500				CERTIFIED APPRAISER			
				c. Employer's Name/Specific Field			
				COASTAL APPRAISAL SERVICES			
						e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		10/28/2015		\$ 25.00	
<input type="checkbox"/>	SYKES3	Cash		11/20/2015		\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015		\$ 50.00	
4. Total only this Page						\$ 505.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CECIL RHODES 1007 CAPTAIN ADKINS DR SOUTHPORT, NC 28461				RETIRED			
				c. Employer's Name/Specific Field			
				ENGINEER			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/06/2015		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL RHYNE 1408 N. HOWE STREET SOUTHPORT, NC 28461 (910) 454-7100				OWNER OF SOUTHPORT MOTORCARS			
				c. Employer's Name/Specific Field			
				SOUTHPORT MOTORCARS			
						e. Election Sum to Date	
						\$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SYKES3	Cash		10/20/2015		\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015		\$ 10.00	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CLOIN ROBERTSON 6481 ROLLING RUN RD SOUTHPORT, NC 28461-8302				RETIRED			
				c. Employer's Name/Specific Field			
				UNKNOWN			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	SYKES3	Check		10/24/2014		\$ 50.00	
<input type="checkbox"/>	SYKES3	Check		11/04/2015		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHY SCHEETZ 314 E. BAY STREET SOUTHPORT, NC 28461 (910) 457-0224			HOME MAKER			
			c. Employer's Name/Specific Field			
			HOMEMAKER		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Cash		12/08/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		12/09/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		12/10/2015	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KURT SCHEETZ 314 E. BAY STREET SOUTHPORT, NC 28461 (910) 457-0224			DENTIST			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Cash		12/08/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		12/09/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		12/10/2015	\$ 50.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHNNY SCOTT 170 NW 6TH STREET OAK ISLAND, NC 28465			RETIRED			
			c. Employer's Name/Specific Field			
			PAINTER SELF EMPLOYED		e. Election Sum to Date	
					\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/09/2015	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 430.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BILLIE SHELTON 6817 ROBERTA ROAD OCEAN ISLE BEACH, NC 28469 (910) 579-7731			RETIRE			
			c. Employer's Name/Specific Field			
			ADM ASSISTANT		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/01/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PATTI SMITH 750 INDIGO VILLAGE SOUTHPORT, NC 28461 (910) 363-4261			CUSTOMER SERVICE			
			c. Employer's Name/Specific Field			
			STEWART HARDWARE		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Cash		11/20/2015	\$ 50.00	
<input type="checkbox"/>	SYKES3	Cash		11/21/2015	\$ 25.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RYAN SMITHWICK 1076 SEA BOURNE WAY SUNSET BEACH, NC 28468			LAWYER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/06/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HENRY STANLEY 3000 ROBERT RUARK DRIVE SOUTHPORT, NC 28461			SUPERVISOR			
			c. Employer's Name/Specific Field			
			DUKE ENERGY			
					e. Election Sum to Date	
					\$ 215.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/01/2015	\$ 15.00	
<input type="checkbox"/>	SYKES3	Check		11/01/2015	\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GENE STEADMAN 409 SHORELINE DRIVE WEST SUNSET BEACH, NC 28468			RETIRED/BRUNSWICK COMMUNITY COLLEGE			
			c. Employer's Name/Specific Field			
			TRUSTEE			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SYKES3	Check		11/23/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PATRICIA SYKES 1002 FAIRLEY STREET SOUTHPORT, NC 28461 (910) 457-0202			RETIRED FEDERAL GOVERNMENT			
			c. Employer's Name/Specific Field			
			INTERNAL REVENUE SERVICE			
					e. Election Sum to Date	
					\$ 57.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	SYKES3	Cash		12/17/2013	\$ 5.00	
<input checked="" type="checkbox"/>	SYKES3	Cash		06/04/2014	\$ 7.00	
<input checked="" type="checkbox"/>	SYKES3	Cash		09/09/2014	\$ 20.00	
4. Total only this Page					\$ 365.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,600.00	

Contributions from Individuals

Pg 19 of 19

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PATRICIA SYKES 1002 FAIRLEY STREET SOUTHPORT, NC 28461 (910) 457-0202				RETIRED FEDERAL GOVERNMENT			
				c. Employer's Name/Specific Field			
				INTERNAL REVENUE SERVICE			
						e. Election Sum to Date	
						\$ 57.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SYKES3	Check		07/20/2015	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GENE WARD 6615 ROBERT G WARD DRIVE SE WINNABOW, NC 28479				FARMER- SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				FARMER			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SYKES3	Check		12/10/2015	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DELORES WHITE 845 TURNPIKE ROAD SUPPLY, NC 28462 (910) 842-9073				FUNERAL SERVICE			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 780.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SYKES3	Check		11/03/2015	\$ 530.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,055.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,600.00	

Disbursements

Pg 1 of 6

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
3 CHEERS PARTY RENTALS 4633 LONG BEACH ROAD SOUTHPORT, NC 28461 (910) 448-1002							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 603.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Debit Card	C	10/27/2015	\$ 105.00	BBQ TO RAISE MONEY -		
SYKES3	Debit Card	C	11/23/2015	\$ 498.14	TENT, TABLES AND TENT, TABLE, CHAIRS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RODNEY AXSOM 210 COUNTRY CLUB DRIVE OAK ISLAND, NC 28465 (910) 805-3548							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Check	C	11/24/2015	\$ 300.00	MUSIC AND DJ		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BRANDALL P O BOX 10427 3846 GEORGE II HWY SOUTHPORT, NC 28461 (910) 457-5117							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 960.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Check	B	12/09/2015	\$ 500.00	SIGNS 4 X 8		
SYKES3	Debit Card	B	12/21/2015	\$ 460.75	SIGNS		
5. Total only this Page						\$ 1,863.89	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 5,910.29	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 6

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT PATRICIA SYKES						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRUNSWICK COUNTY BOARD OF ELECTION BUILDING H 75 STAMP ACT DRIVE BOLIVIA, NC 28422 (910) 253-2620				c. Level Registered (Specify)	e. Election Sum to Date \$ 224.00	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Check	H	12/07/2015	\$ 224.00	FILING FEE	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRUNSWICK COUNTY GOP 522 PRESERVE POINT SW OCEAN ISLE BEACH, NC 28469				c. Level Registered (Specify)	e. Election Sum to Date \$ 1,800.00	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Brunswick		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Check	G	08/01/2015	\$ 1,000.00		
SYKES3	Check	GO	10/08/2015	\$ 0.00	VOID CHECK NEVER CLEARED BANK	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
BRUNSWICK COUNTY REPUBLICAN WOMEN P O BOX 10434 SOUTHPORT, NC 28461 (910) 457-6898				c. Level Registered (Specify)	e. Election Sum to Date \$ 100.00	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Brunswick		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Check	G	11/12/2015	\$ 100.00		
				\$		
5. Total only this Page					\$ 1,324.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5,910.29	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 6

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JOHN DISMUKES 4166 BREEZEWOOD DRIVE SUITE 204 WILMINGTON, NC 28412							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Check	O	11/24/2015	\$ 100.00	MANAGEMENT OF		
				\$	FACEBOOK AND		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DOSHER MEMORIAL HOSPITAL FOUNDATION 924 N HOWE STREET SOUTHPORT, NC 28461 (910) 457-3850							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 120.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Check	O	08/05/2015	\$ 120.00	SPONSORSHIP		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PIGGLY WIGGLY 112 A VILLAGE RD LELAND, NC 28451 (910) 371-2696							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 449.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SYKES3	Debit Card	C	11/20/2015	\$ 449.03	FOOD - PIG		
				\$			
5. Total only this Page						\$ 669.03	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 5,910.29	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 4 of 6

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT PATRICIA SYKES						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
REID KEYES (REID'S SHEDS) 1811 RAEFORD ROAD SOUTHPORT, NC 28461 (910) 454-7433						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 885.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Check	O	12/23/2015	\$ 885.99	BUILDING SIGNS 4 X 8	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
SAMS CLUB COLLEGE ROAD WILMINGTON, NC 28401 (910) 392-2995						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 249.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Check	C	11/17/2015	\$ 249.57	PLATES, WATER,	
				\$	DRINKS, BEANS, ETC	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
THE PRINT SHOPPE INC 150 HOLDEN BEACH ROAD, SUITE 3 SHALLOTTE, NC 28470 (910) 755-6151						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 393.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Debit Card	B	10/22/2015	\$ 272.21	INVITATIONS,	
SYKES3	Debit Card	B	11/20/2015	\$ 121.70	ENVELOPES AND CARDS	
5. Total only this Page						\$ 1,529.47
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 5,910.29
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 of 6

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT PATRICIA SYKES						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
THE STATE PORT PILOT MOORE STREET SOUTHPORT, NC 28461 (910) 457-0954						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 85.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Debit Card	A	11/09/2015	\$ 85.00	AD FOR BBQ	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
UNITED STATES POSTAL SERVICE 206 E NASH STREET SOUTHPORT, NC 28461 (910) 457-4633						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 98.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Debit Card	I	10/26/2015	\$ 98.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
VICTORY STORE 5200 SW 30TH STREET DAVENPORT, IA 52802 (888) 968-2688						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
					\$ 206.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SYKES3	Debit Card	B	11/11/2015	\$ 206.70	MAGNETIC SIGNS	
				\$		
5. Total only this Page					\$ 389.70	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 5,910.29	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 6 of 6

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WALMART 1675 NORTH HOWE STREET SOUTHPORT, NC 28461 (910) 454-9909					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 134.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
SYKES3	Debit Card	O	11/30/2015	\$ 134.20	CANDY FOR PARADES
				\$	
5. Total only this Page					\$ 134.20
6. Total of ALL CRO-1310 Pages					\$ 5,910.29
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

In-Kind Contributions

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT PATRICIA SYKES			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SHANNA LEWIS 832 HOWE STREET SOUTHPORT, NC 28461 (910) 457-0444		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 75.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
SLAW FOR BBQ	11/21/2015	\$ 75.00	
		\$	
		\$	
4. Total only this Page		\$ 75.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 75.00	

CRO-1510

NC State Board of Elections

December 2007